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Assisted Outpatient Treatment Pilot Fiscal Year 2015

June 2015

Massachusetts Department of Mental Health

Overview:

The pilot program was funded by special funding from the Legislature to the Department of Mental Health for FY2015. Eliot Community Mental Health has been providing the Assisted Outpatient Treatment (AOT) service to the identified population for approximately 4-5 months. The Assisted Outpatient Treatment Pilot supports an under-served population who are difficult to engage in services and who demonstrate a high need of mental health services yet do not maintain a consistent connection with outpatient services. The Eliot Outpatient Clinic located in Everett was utilized as the location for this pilot program. Using the criteria identified below Eliot Outpatient Clinicians identified clients that could benefit from additional services. All services and supports provided to the clients are voluntary.

Characteristics of the population:

- Mental Health Disorder
- Lack of or inability to follow up with mental health providers and referrals
- Cycle of connection and disconnection with outpatient services
- Dual Diagnosis including mental illness and substance abuse disorder
- Current or past involvement with the criminal justice system
- Frequent use of emergency services or other urgent/emergency care services for medical or mental health needs
- Life instability such as frequent homelessness, joblessness, etc.

Service Population:

In this pilot program, the target population is individuals who experience debilitating symptoms of severe and persistent mental illnesses which result in impairments in functioning. The targeted population experiences poor quality of life, a high utilization of urgent/emergency services in response to crises, and demonstrates an inability to consistently use traditional treatment options offered in the community. Many of these individuals have coexisting illnesses such as substance abuse disorders or physical illnesses, or oppressive socioeconomic conditions resulting in increased symptoms and amplifying the need for specialized services. While this group of individuals struggles to engage in traditional mental health services, they instead rely on acute services, often utilizing high cost services such as hospital emergency rooms, psychiatric hospitals, medical facilities, the criminal justice system, and first responders.

The target population has high service needs, particularly in areas of medication adherence, follow through with counseling, substance abuse and preventative medical care, and engagement with state agency providers; yet as individuals they are often difficult to engage and sustain in services. Their illnesses and life experiences create a cyclical distrust of the “system” or they do not see the value of services. As a result, they often experience homelessness, incarceration, suicide, health problems, mental health crises, and overall life instability.

Demographics of the Service Population:

Total Number Served:	16
Men:	10
Women:	6
Average Age:	37

Diagnostic Information:

Primary Diagnosis:

78% Mood Disorder (Major Depression, Bipolar Disorder)

22% Anxiety or Panic Disorder

Co-Existing Illness:

75% Substance Abuse Disorder

50% Physical health and/or Medical issues

Risk, Safety and Protective Factors:

45% In need of stable housing

68% Legal issues, arrests, incarceration

36% Custodial issues with children

50% Suicide history

100% Unemployed

100% Lack consistent engagement in treatment

75% Multiple Psychiatric Hospitalizations

Services:

A clinical team comprised of a Clinician, Nurse, Peer and Psychiatric Nurse Practitioner provide a person centered approach that encompasses both the traditional themes of assessment, medication treatment,

care coordination, symptom management, medical and housing supports as well as more tailored strategies such as peer support, clinical outreach, medication outreach, and harm reduction. The team uses a dynamic approach to ensure that real time assessments of needs and interventions will happen within a community context.

The Assisted Outpatient Program Pilot provides a single point of accountability that includes a multidisciplinary team that will include 24/7 services and operate beyond the walls of the clinic setting. The team outreaches and engages clients in the community, at their homes, or wherever they are to ensure services are delivered. Engagement is the core strategy to deliver services so that we are constantly building and refining a sustained treatment relationship, including increasing and decreasing interventions to meet the needs and acuity of each individual.

Current Service Overview:

90% **Actively engaged in treatment (therapy and/or substance abuse treatment)**

50% **Weekly Face to Face contact**

- *4 hours - Average duration of weekly Face to Face Contact for each client*

85% **Weekly phone contact (average of 2 phone contacts a week per client)**

- *45 minutes- Average amount of time per contact*
- *10 hours – Average amount of time each week contacting collaterals (medical, legal, housing etc.)*

30% **Actively Engaged in Peer and Recovery Supports**

Preliminary Outcomes:

1) 100% decrease in arrests/ incarcerations
2) 50% decrease in utilization of Emergency Rooms and/ or Emergency Services
3) 70% decrease in hospitalizations
4) 20% are employed
5) 70% have stable housing (remaining are in temporary housing)

Noteworthy:

A number of the clients involved in the pilot have significant medical/health related issues which have profoundly impacted the clients' mental health and substance use. Over the course of services the Nursing staff have provided intensive supports to this cohort of clients through coordination of care with medical providers, attending appointments, as well as providing education and service referrals. Approximately 95% of the Nursing time has been spent with these clients and their providers. Many of these clients were experiencing significant medical symptoms that were debilitating and painful. All of

these clients were abusing substances to manage symptoms, frequent utilizers of Emergency Room Services and had limited engagement with treatment providers.

Provisional Outcomes:

At least 85% of this cohort report shows a significant decrease in medical symptoms. All have significantly reduced their substance abuse and their use of the Emergency Room.